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Under the Paperwork Reduction Act of 1885, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/827.557 **REVOCATION OF POWER OF** Filing Date April 6, 2001 **ATTORNEY WITH** First Named Inventor MITZENMACHER, Michael **NEW POWER OF ATTORNEY** Art Unit AND Examiner Name PHAM, Thomas K CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number H-102 I hereby revoke all previous powers of attorney given in the above-identifi⊯d application. A Power of Attorney Is submitted herewith. OR 00037999 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with 00037999 Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: ApplicanVinventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFF/3.73(b) is enclosed. (Form PTO/SB/96) SIE NATURE of Applicant or Assignee of Record Signature Brinton, Director, President and Fellows of Harverd College Name Date Telephone 2004 NOTE: Signatures of all the triventors or assignees of record of the entire interest or their representative(s) are a signature is required, see below. "Total of 1 forms ere submitted. This collection of information is required by 37 CPR 1.38. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPYO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.11 and 1.14. This contribute is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPYO. Time will very depending upon the individual case. Any comments on the emount of time you require to complete this form anxior suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Peters and Tradamark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, cell 1-500-PTO-9199 and ad

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STATEMENT UNDER 37 CFR 3.73(b)	
Applicant/Patent Owner: President and Fellows of Harvard College	<u> </u>
Application No./Patent No.: 09/827,557 Filed/Issue Date: April 6, 2001	
Entitled:	
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an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is	
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